

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pennsylvania Democratic Party

**A.**

Full Name (Last, First, Middle Initial)

Eva Fink

Mailing Address 4660 Iselin Avenue

City

Bronx

State

NY

Zip Code

10471

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 1 0

Transaction ID: 11ai-000037189

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Richard H. Roberts, M.D., PH D

Mailing Address 120 Arbutus Drive

City

Lakewood

State

NJ

Zip Code

08701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 1 0

Transaction ID: 11ai-000037187

Amount of Each Receipt this Period

10000.00

**C.**

Full Name (Last, First, Middle Initial)

Joseph Fink

Mailing Address 4660 Iselin Avenue

City

Bronx

State

NY

Zip Code

10471

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 1 0

Transaction ID: 11ai-000037188

Amount of Each Receipt this Period

10000.00

**SUBTOTAL** of Receipts This Page (optional) .....

25000.00

**TOTAL** This Period (last page this line number only) .....